	- filing
1 2	E-filing
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8	UNITED STATES DISTRICT COURT
9	NORTHERN DISTRICT OF CALIFORNIA
10	
11	Su san MacPolk Plaintiff, The CASE NO.
12	vs. PRISONER'S
13	Janees Cavin, Watt Cherthan, APPLICATION TO PROCEED IN FORMA PAUPERIS
1.4	Dept Defendant.
14	
15	
	I, Susan Mue Polk, declare, under penalty of perjury that I am the
15	
15 16	I, Susan Mue Polk, declare, under penalty of perjury that I am the
15 16 17 18	I, Sosa Muc Poly, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application
15 16 17 18 19	I, Sosa Mac Poly, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being
15 16 17 18 19 20	I, Sosa Mac Poly, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my
15 16 17 18 19 20 21	I, Sosa Marcoll, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am
15 16 17 18 19 20 21	I, Sosa Marcoll, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.
15 16 17	I,
15 16 17 18 19 20 21 22 23	I,
15 16 17 18 19 20 21 22 23 24 25	I,
15 16 17 18 19 20 21 22 23 24	I,
15 16 17 18 19 20 21 22 23 24 25 26	I,

1	If the answer is "no," state the date of last employment and the amount of the gross and net							
2	salary and wages per month which you received. (If you are imprisoned, specify the last							
3	place of employment prior to imprisonment.)							
4	10/13/02 self employed \$150,000 per year							
5								
6								
7	2. Hav	re you received, within the past twelve ((2) months, any money from any of the					
8	following s	ources:						
9	a.,	Business, Profession or	Yes No _>_					
10		self employment						
11	b.	Income from stocks, bonds,	Yes No					
12		or royalties?						
13	c.	Rent payments?	Yes No ×					
14	· d.	Pensions, annuities, or	YesNo					
. 15		life insurance payments?						
16	e.	Federal or State welfare payments,	Yes No					
17		Social Security or other govern-						
18		ment source?	. *					
19	If the answer	r is "yes" to any of the above, describe ea	ach source of money and state the amount					
20	received from	n each.						
21								
22								
23		ou married?	Yes No					
24	Spouse's Full Name:							
25	Spouse's Place of Employment:							
26	Spouse's Monthly Salary, Wages or Income:							
27	Gross \$ Net \$							
28	4. a.	List amount you contribute to your sp	ouse's support:\$					

b. List the persons other than your spouse who are dependent upon you for						
support and indicate how much you contribute toward their support. (NOTE:						
For minor children, list only their initials and ages. DO NOT INCLUDE						
THEIR NAMES.).						
5. Do you own or are you buying a home? Yes No						
Estimated Market Value: \$ Amount of Mortgage: \$						
6. Do you own an automobile? Yes No						
Make Year Model						
Is it financed? Yes No If so, Total due: \$						
Monthly Payment: \$						
7. Do you have a bank account? Yes No (Do not include account numbers.)						
Name(s) and address(es) of bank:						
Present balance(s): \$						
Do you own any cash? Yes No _ X Amount: \$						
Do you have any other assets? (If "yes," provide a description of each asset and its estimated						
market value.) Yes No						
8. What are your monthly expenses?						
Rent: \$ Utilities:						
Food: \$ Clothing:						
Charge Accounts:						
Name of Account Monthly Payment Total Owed on This Acct.						
\$\$						
\$\$						
\$\$						

1	9. Do you have any other debts? (List current obligations, indicating amounts and to						
2	<u> </u>						
3	Restitution to County: 811,000						
4							
5	10. Does the complaint which you are seeking to file raise claims that have been presented						
6	in other lawsuits? Yes No						
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in						
8	which they were filed.						
9							
10							
11	I consent to prison officials withdrawing from my trust account and paying to the court						
12	the initial partial filing fee and all installment payments required by the court.						
13	I declare under the penalty of perjury that the foregoing is true and correct and						
14	understand that a false statement herein may result in the dismissal of my claims.						
15							
16	3/10/08 Asin Ree						
17	DATE SIGNATURE OF APPLICANT						
18							
19							
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1	, l a companya da manana ana ana ana ana ana ana ana ana
2	Case Number:
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8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of 50500 Polk for the last six months
14	Lentral Ca Wimen's faculty where (s)he is confined.
15	[name of institution] I further certify that the average deposits each month to this prisoner's account for the
16	most recent 6-month period were \$ and the average balance in the prisoner's
17	account each month for the most recent 6-month period was \$
18	
19	Dated: 3-6-08 Sparon begann
20	[Authorized officer of the institution]
21	
22	
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REPORT DATE: 03/06/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS CENTRAL CALIF WOMEN'S FACILITY INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 06, 2008 THRU MAR. 06, 2008

ACCOUNT NUMBER: X23159
ACCOUNT NAME: POLK, SUSAN MAE
PRIVILEGE GROUP: B

BED/CELL NUMBER: B 07150000003U ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

		HOLD AMOUNT	1 1 1 1 1 1 1 1	00.9	1.40	1.80	0.20	6.20	2.10	4.60
ECT		COMMENT		LOCK 02/08	02/20/08	02/16/08	02/18/08	02/06/08	02/16/08	02/24/08
CURRENT HOLDS IN EFFECT		DESCRIPTION		DAMAGES HOLD	LEGAL COPIES HOLD	LEGAL POSTAGE HOLD				
	HOLD	CODE							H118	
	DATE	PLACED	1 1 1 1 1 1	02/21/2008	02/27/2008	02/21/2008	02/27/2008	02/27/2008	02/27/2008	03/04/2008

	TRANSACTIONS TO BE POSTED	00.0	
	HOLDS BALANCE	22.30	
TRUST ACCOUNT SUMMARY	CURRENT BALANCE	0.98	
TRUST ACCOU	TOTAL WITHDRAWALS	00.0	
	TOTAL DEPOSITS	00.0	
	BEGINNING BALANCE	0.98	

AVAILABLE BALANCE CURRENT

21.32-

STATUTE OF
A SERVICE STREET

.701 REPORT ID: TS3030